



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

APPLICATION FOR FREE STANDING BIRTHING CENTER LICENSE

FACILITY NAME

Print

FACILITY ADDRESS

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

ADMINISTRATOR/CEO

Print

FACILITY CONTACT

Print Name and Title

PHONE NUMBERS

FACILITY PHONE NUMBER

CONTACT PHONE NUMBER

CONTACT FAX

NUMBER OF BIRTHING ROOMS

NUMBER OF PHYSICIANS WITH PRIVILEGES

NUMBER OF CERTIFIED NURSE MID-WIVES WITH PRIVILEGES

ALL PHYSICIANS HAVE ADMITTING PRIVELEGES TO AREA HOSPITAL(S)

☐

YES

☐

NO

ALL CERTIFIED NURSE MID-WIVES HAVE A BACK-UP AGREEMENT
WITH A PHYSICIAN

☐

YES

☐

NO

ACCREDITED?

☐

YES

☐

NO

IF YES, NAME OF ACCREDITING ORGANIZATION AND ACCREDITATION EXPIRATION DATE:

Print

PLEASE ATTACH THE MOST CURRENT COPY OF THE FOLLOWING:

1. A LIST SHOWING THE NAMES AND ADDRESSES OF EACH OFFICER, DIRECTOR, AND OWNER HAVING TEN (10) PERCENT OR MORE INTEREST IN THE FACILITY.
2. A LIST SHOWING THE NAMES AND ADDRESSES OF THE GOVERNING BODY, IF DIFFERENT FROM THE PRECEDING GROUP.
3. Fire Safety Report
4. OTHER

NAME OF PERSON COMPLETING THIS FORM: _____
PRINT

SIGNATURE: _____ TITLE: _____

DATE: _____

CHECKS SHOULD BE MADE PAYABLE TO: **DELAWARE DIVISION OF PUBLIC HEALTH**

INITIAL APPLICATION FEE:
\$150.00

ANNUAL LICENSURE FEE:
\$75.00

PLEASE COMPLETE AND RETURN APPLICATION WITH LICENSURE FEE TO
OFFICE OF HEALTH FACILITIES LICENSING & CERTIFICATION
2055 LIMESTONE ROAD
SUITE 200
WILMINGTON DE 19808
